

**The Honorable John Linder, Chairman
Subcommittee on Prevention of Nuclear and Biological Attack
Committee on Homeland Security**

OPENING STATEMENT

“Protecting the Homeland: Fighting Pandemic Flu from the Front Lines”

**2:00 p.m. February 8, 2006
2237 Rayburn House Office Building**

I would like to welcome and thank our distinguished panel of witnesses for appearing today before this joint hearing of the Subcommittee on Prevention of Nuclear and Biological Attack and the Subcommittee on Emergency Preparedness, Science, and Technology.

On September 29th, seven deaths were reported in Washington. By October 2nd, there had been a

total of 35. By the middle of October, 60-90 people were dying each day. By then, the city's commissioners had taken drastic steps, first closing the schools, then prohibiting any large indoor public gatherings, including church services. The Red Cross pleaded for nurses to care for the sick, who were flooding area hospitals, or, worse, suffering unattended in their homes. The disposal of bodies became a particular problem. On October 12th, the U.S. Capitol shut its doors to visitors.

Ladies and gentlemen, this is an account of life in the Fall of 1918 here in Washington, D.C., printed two years ago in *The Washington Post*. The United

States, like most of the rest of the world, was gripped with a horrific pandemic of Spanish influenza. With over 50 million deaths worldwide, it was the third largest epidemic in recorded history and the largest since the Middle Ages.

Today, the possibility exists that the world may face another deadly outbreak, this time from an avian influenza strain known as H5N1. Though the virus has not yet evolved into a form easily transmissible between humans, should it acquire that capability and be as virulent as the 1918 pandemic, estimates show that anywhere between 30 and 384 million people worldwide could be fatally afflicted.

To combat this potentially devastating scenario, President Bush announced on November 1st of last year the National Strategy for Pandemic Influenza, which provides a framework for U.S. Government planning efforts. The goals of the National Strategy are: first, to stop, slow or otherwise limit the spread of a pandemic to the United States; second, to limit the domestic spread of a pandemic and mitigate disease, suffering, and death; and, third, to sustain infrastructure and mitigate the impact of a pandemic to the economy and society. I look forward to working with the Executive Branch to implement this initiative in the coming months.

The National Strategy recognizes, however, that preparing, preventing, and responding to a pandemic cannot be viewed as a purely Federal responsibility. Our Nation must have a system of plans at all levels of government and in all sectors of society to address the pandemic threat.

Medical Countermeasures such as vaccines and antiviral drugs are vital. But at present, the Strategic National Stockpile only has approximately three million bulk courses of an unfinished H5N1 vaccine, meaning the vaccine has not even been filled in vials yet. Antivirals such as Tamiflu are limited as well,

with only enough doses on hand to cover about one percent of the U.S. population. Furthermore, effectiveness of the H5N1 vaccine and antiviral drugs in preventing and mitigating the effects of a novel strain of influenza that sparks a pandemic are unknown. In the absence of an effective vaccine or antiviral, non-medical countermeasures and intervention strategies are critical.

Surveillance and early warning systems are essential tools of the non-medical-based pandemic strategy that will afford us more time to intervene and implement control measures to mitigate the virus' spread. Strengthening our public health

infrastructure will increase our ability to identify, diagnose, and treat those needing care, deliver information quickly to those local, state, and national health officials in positions to be of most help, as well as improve our overall surge capacity.

Expending efforts to bolster these areas will certainly not be wasted, but will, instead, provide benefits beyond preventing, preparing for, and responding to an influenza pandemic. Clearly, if we are successful in implementing these strategies, our Nation will be better equipped to face the threat of biological terrorism.

I look forward to the testimony of our witnesses, who should be able to provide an insight on this very interesting, and potentially deadly, topic. I would also like to thank Chairman Reichert and our colleagues on the Subcommittee on Emergency Preparedness, Science, and Technology for joining me in addressing this important issue. I now yield to my friend and Ranking Member, the gentleman from Rhode Island, Mr. Langevin, for the purpose of making an opening statement.